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AUTHOR Robb, Harold B., III
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ABSTRACT

Previous research has shown that members of the general public respond differentially to the psychological service provider labels, e.g., behavior analyst, behavior modifier, behavior therapist, clinical psychologist, counseling psychologist, and psychologist, but not to the psychological procedure labels, e.g., behavior modification, behavior therapy, and behavior treatment. Subjects (52 males and 86 females) completed a four-part questionnaire examining the psychological procedure labels, behavior therapy, counseling, and psychotherapy, to learn what meaning people give to certain words or concepts. Subjects viewed: (1) behavior therapy as more physically oriented than counseling or psychotherapy; (2) counseling as more humanistic, helpful, cooperative, good, and realistic, as well as less medically oriented, than either behavior therapy and psychotherapy; and (3) psychotherapy as more tense, deep and complex than either behavior therapy or counseling. Participants also stated the counseling procedure they preferred for themselves or a family member. Participants strongly preferred the label, "counseling." Findings suggest that practitioners may be wise to describe themselves as practicing counseling rather than psychotherapy as the former seems to have preferential connotations to the general public. (PAS)

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PRACTICING PSYCHOLOGY?

WHAT YOU CALL THE TREATMENT MAKES A DIFFERENCE

Harold B. Robb, III

Lewis-Clark State College

Running Head: Practicing Psychology?

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Practicing Psychology?

What You Call the Treatment Makes a Difference

Harold B. Robb, III

Lewis-Clark State College

Previous work has shown that members of the general public respond differently to the psychological service provider labels: "behavior analyst;" "behavior modifier;" "behavior therapist;" "clinical psychologist;" "counseling psychologist;" and "psychologist" as measured using a twenty-six word pair semantic differential (Robb & Kendall, 1980). "Behavior therapist" was seen as more like "psychologist" and "clinical psychologist" than like "behavior analyst" or "behavior modifier;" and of the labels "psychologist," "clinical psychologist," and "counseling psychologist," the latter appeared to have some preferential connotations. This same study also found that members of the general public do not distinguish between the psychological procedure labels "behavior modification," "behavior therapy," and "behavior treatment," nor do they view these terms as generally negative.

This investigation continues the previous research by determining if members of the general public differentially respond to the psychological treatment labels "behavior therapy," "counseling," and "psychotherapy."

Method

Design

A questionnaire constructed to examine three psychological procedure labels was administered.

Data Gatherers

Undergraduate student volunteers enrolled in either an introductory psychology course or an experimental psychology course at a small Pacific Northwest state college acted as data gatherers. The data gatherers distributed questionnaires in partial fulfillment of course requirements.

Participants

After receiving instruction from the investigator, the data gatherers sought out potential participants and administered the questionnaire to those who agreed to participate. This procedure produced a sample of 138 persons, 52 males and 86 females, ranging in age from 18 to 86 years with a median age of 35 and ranging in years of education from 8 to 19 years with a median of 12.7 years. Of the sample 134 described themselves as "white Americans."

Questionnaire

The questionnaire contained four parts: (1) instructions for completing the questionnaire; (2) demographic information; (3) a semantic differential for three psychological procedure labels; and (4) a section asking which psychological procedure the individual would prefer.

The instructions stated the purpose of the questionnaire was to learn what meaning people give to certain words or concepts. The instructions also described how to use a semantic differential (Osgood, Suci and Tannenbaum, 1957).

The demographic section provided blanks for age, sex, and years of school completed. The person completing the questionnaire was also asked to provide an ethnic description by circling one of the following: white American; Black American; Asian American; Native American; other. Parts one and two constituted the first page of the questionnaire.

The next three pages of the questionnaire contained the psychological procedure labels behavior therapy, counseling and psychotherapy. Each label was printed in capital letters at the top of a page with the semantic differential used by Robb and Kendall (1980) printed under each label. The order of the labels varied randomly within these three pages. The semantic differential contained twenty-six word pairs with each word pair separated by seven blanks.

The final section constituted the last page of the questionnaire. At the top of the page was written: "If you or a family member were experiencing personal, emotional or family problems, and if you could receive any one of the following kinds of help, which one would you prefer." This statement was followed by the words "Behavior Therapy," "Counseling," and "Psychotherapy" printed under one another with triple spaces between. The order of the three labels varied randomly. Participants marked their preference.

Procedure

The data gatherers were given a one hour orientation/practice session on the purpose of the questionnaire and how to administer it. The data gatherers were particularly encouraged to seek out persons from all walks

of life and educational backgrounds as well as to seek out persons from their home towns rather than roommate or classmates.

Results & Discussion

ANOVA was performed for the psychological procedure labels on each pair of words in the semantic differential. A statistically significant difference ($p < .01$) was found on ten of the twenty-six word pairs (See Table 1).

Insert Table 1 About Here

The Duncan Multiple Range Test ($p < .05$) was performed on each of these ten word pairs. The results showed behavior therapy was seen as more physically oriented than either counseling or psychotherapy. Counseling was seen as more humanistic than behavior therapy and more helpful, cooperative, good, and realistic as well as less medically oriented than either behavior or psychotherapy. Psychotherapy was seen as more tense, deep and complex than either behavior therapy or counseling.

When participants answered the direct question regarding which procedure they would choose for themselves or a family member, they overwhelmingly chose counseling. Of the 138 persons sampled, 102, 73.9%, chose counseling; twenty, 14.5%, chose psychotherapy; thirteen, 9.4%, chose behavior therapy and three, 2.2%, chose none of the options listed.

These results indicate a strong preference for the term "counseling." This preference seems to be based on the perception that counseling is a

relatively straight forward, mutually undertaken activity. This author has argued elsewhere that counseling psychologists could more rapidly escape their second class citizenship in the community of psychological practitioners by divorcing themselves from a therapy paradigm and adopting an educational paradigm (Robb, 1980). This author also contended that, despite protests to the contrary, a therapy paradigm and the use of the term "therapy" or its cognates implies the notion of illness. The finding that the label "counseling" was viewed as less medically oriented than "behavior therapy" or "psychotherapy" adds some support to this contention.

The community of psychological practitioners has had considerable difficulty stating the difference between one procedure called "counseling" and another procedure called "psychotherapy." Though the notion that such a difference exists is often vigorously defended (Patterson, 1973). If no difference actually exists between these procedures, practitioners might be wise to describe themselves as practicing counseling rather than psychotherapy as the former seems to have preferential connotations to the general public.

It may be noted that the participants in this study were largely from small communities in rural areas. Their preference for the label "counseling" might be attributed to a lack of sophistication regarding psychological procedures. However, such speculation requires empirical verification. There is no a priori reason to suppose persons living in more densely populated areas would perform differently.

TABLE 1

ANOVA for Psychological Procedure Label Dimension

Dimension	Between	Within	Between	Within	F. Ratio	P Prob
Weak-Powerful	2	411	7.6618	2.3378	3.277	0.3087
Helpful-Useless	2	411	15.6544	2.1282	7.356	0.0007*
Ineffective-Effective	2	411	9.2053	2.5554	3.602	0.0281
Manipulative-Cooperative	2	411	47.5242	3.1332	15.168	0.0000*
Humanistic-Mechanistic	2	411	5.9593	2.4978	2.386	0.0933
Personal-Impersonal	2	411	15.4201	2.6639	5.788	0.0033*
Uncaring-Caring	2	411	7.9779	2.6856	2.971	0.0524
Medically Oriented-Nonmedically Oriented	2	411	36.0166	3.3766	10.666	0.0000*
Psychologically Oriented-Nonpsychologically Oriented	2	411	9.0507	2.4808	3.648	0.0269
Physically Oriented-Nonphysically Oriented	2	411	22.8867	2.7476	8.330	0.0003*
Good-Bad	2	411	14.1330	2.0287	6.967	0.0011*
Complete-Incomplete	2	411	7.6908	2.2342	3.442	0.0329
Tense-Relaxed	2	411	24.2415	3.0209	8.025	0.0004*
Deep-Shallow	2	411	11.3138	2.1876	5.172	0.0060*
Feeble-Vigorous	2	411	0.0939	1.8616	0.050	0.9508
Broad-Narrow	2	411	1.5723	2.4734	0.636	0.5301
Impulsive-Deliberate	2	411	0.0075	3.0443	0.002	0.9975
Passive-Active	2	411	2.7995	2.3708	1.181	0.3081
Complex-Simple	2	411	45.0024	2.7127	16.590	0.0000*
Boring-Interesting	2	411	6.0670	2.8282	2.145	0.1184
Soft-Hard	2	411	8.2034	2.1336	3.845	0.0222
Realistic-Idealistic	2	411	26.4952	3.0009	8.829	0.0002*
Emotional-Unemotional	2	411	7.4563	2.5595	2.913	0.0554

*p < .01

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